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Preventive Medicine: Just Say ‘No’ to Bugs

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(ONE COMMENT)

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WAMPAR, Papua New Guinea (May 24, 2011) -- Hospital Corpsman 2nd Class Cyril England tests the potable water tank at a medical civic action project for Pacific Partnership 2011. Pacific Partnership 2011 is a five-month humanitarian assistance initiative that will make port visits to Tonga, Vanuatu, Papua New Guinea, Timor-Leste, and the Federated States of Micronesia. (Photo By Kristopher Radder)

Lt. Lori Perry is a Preventive Medicine physician, assigned to the medical team for Pacific Partnership 2011. She is responsible for force health protection and public health education and program development.

My top three pet peeves when it comes to my job are, in no particular order:

1. When people call it “Preventative” Medicine. No offense. It’s just one of those things.
2. You have to eat the buffalo chicken MRE if you want Reese’s Pieces.
3. Very few people seem to know, strictly speaking, what it is we do at work.

Part of the problem with the last one is that our Corpsmen, the Preventive Medicine Technicians (PMTs), don’t look like your typical Corpsmen. When people think of a Navy Corpsman, they usually picture a rugged young man (or woman, but don’t try to call her “rugged”) with a stethoscope around his neck and compassion in his eyes as he tends to the wounds of a fallen comrade. PMTs, on the other hand, tend to lurk about in a vaguely disapproving—yet medical—manner. They like to tell you that you have a “Critical Discrepancy”, and although you don’t know what a “Critical Discrepancy” is, you immediately understand the gravity of the situation because they are writing it on a clipboard.

Navy Preventive Medicine can be thought of as a local public health department. Our responsibilities usually include, but are not limited to:

- Food inspections (this is where critical discrepancies come in)
- Testing and treating water for potability
- Making sure that base schools, day cares, barber shops, and gyms are up to health

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standards

- Infection control and surveillance of diseases of military importance
- Immunization distribution and program management
- Research and policy making

Basically, you could say that our primary mission is force health protection. Keeping the troops healthy is the bottom line in Preventive Medicine, but it's especially meaningful as part of Pacific Partnership 2011. We get to deploy with, live with, and work alongside those we were sent to protect. This time, our “troops” include not only other branches of the U.S. military, foreign militaries, and civilians from around the globe, but also the host nations who have been gracious enough to welcome us to their shores.

We got to visit every village on the island of Va'vau in Tonga, testing and treating water catchment tanks of several homes, schools, and town halls. In Vanuatu, we got the chance to work with local practitioners and helped to develop their community health outreach programs. We've killed mosquitoes in Papua New Guinea and taught some microbiology in Timor Leste. And then we cited each other for having Critical Discrepancies (don't ever say Preventive Medicine doesn't know how to have a good time.)

PP11 has been, for me at least, a very humbling experience. I set out from my parent command in Camp Pendleton, Calif. thinking we were going to bring aid to these host nations. But what we've gotten in return far outweighs whatever pesticide or PowerPoint presentations we were able to leave behind. We've had the opportunity to meet public health personnel who do so much with so little, yet with so much dignity and national pride. I hope to take a fraction of this back home with me. Preventive Medicine will be all the better for it.

This article first appeared on <http://pacificpartnership.wordpress.com/> on June 22, 2011. To learn more about Pacific Partnership 2011 visit their website at www.cpf.navy.mil/pp11 or follow them on www.facebook.com/pacificpartnership/ and <http://twitter.com/pacificpartner>

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